



Community Event Report:

MHSU Care Pathways

Comox Valley
February 24, 2024

A collaborative event led by:

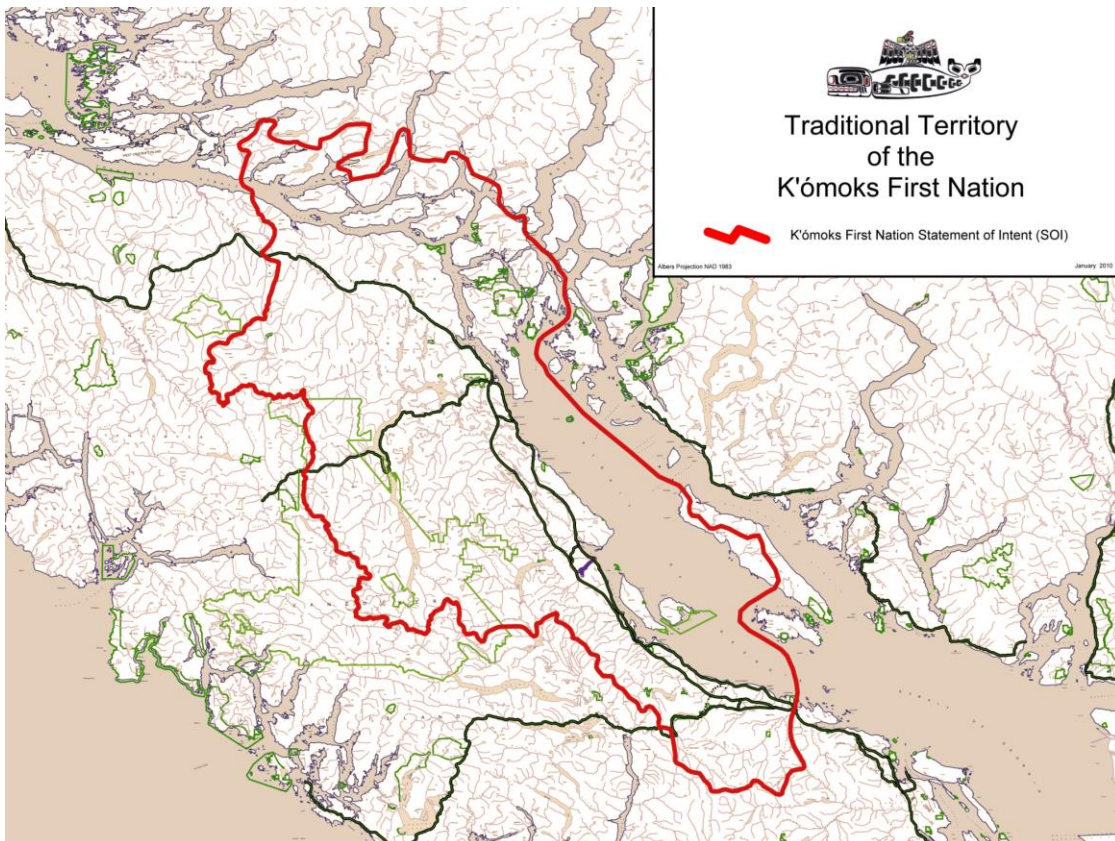


LAND ACKNOWLEDGEMENT

The contributors to this report, and all those involved in this work, respectfully acknowledge that we work, play, and live on the unceded traditional territory of the K'ómoks First Nation, the traditional keepers of this land.

K'ómoks First Nation today consists of several formerly separate tribes, both culturally K'ómoks and Pentlatch. The Sathloot ('sath-loot), Sasitla ('sa-seet-la), leeksen (eys-'ick-sun) and Xa'xe ('ha-hey) are all culturally K'ómoks and have their own unique origin stories. The Pentlatch had a similar culture but spoke a distinct language and have their own unique origin story (K'ómoks First Nation, 2021).

To this day the K'ómoks First Nation have not ceded, surrendered, or extinguished their aboriginal rights and title to their lands and waters as acknowledged under Sections 25 and 35 of the Canadian Constitution Act, 1982.



OBJECTIVES & OVERVIEW

Overview

The Collaborative Services Committee (CSC) in the Comox Valley identified the need for increased community collaboration and more clearly defined pathways to adult mental health and substance use (MHSU) supports in our community. Recognizing the community need, and in alignment with the identified and prioritized nine recommendations of the Interdivisional Strategic Council Primary Care and Mental Health and Substance Use Taskforce (ISC MHSU) from May 2024, the Comox Valley Division of Family Practice (the Division), partnered with Island Health to coordinate a MHSU Care Pathways event for early 2025.

Objectives

The objective of the MHSU Care Pathways Event was to collaboratively discuss, assess and identify:

- current adult MHSU services and program,
- how to navigate MHSU care and referral pathways,
- how to improve communication between primary care and MHSU service providers,
- the barriers and gaps in the current system.

The Opportunity

Based on recommendations from the members of the Division, the CSC agreed to move forward by engaging the Innovation Support Unit's (ISU) Primary and Community Care (PACC) Mapping to facilitate a portion of the MHSU Care Pathways event. The PACC Mapping team from UBC specializes in community workshops that align with the above outlined objectives and brings interested parties together to share solutions and identify gaps using their collective expertise. PACC Mapping creates and accelerates strategies to support service planning and improve healthcare services in a local context.

A working group was formed to further inform the delivery of the event. The working group added the concept of micro presentations to the agenda to support meeting the objective of learning more about available MHSU services and how to navigate access to them.

"The whole evening was well laid out, I enjoyed the micro-presentations, the PACC mapping was a great idea with the 3 scenarios, and the networking with others I've never met before" (Event participant)

SUMMARY OF EVENT

Participation

A total of 65 participants attended the event. Invitations were extended to Division members, Island Health, the Comox Valley PCN, First Nations, Métis and Inuit Knowledge Council members, and various community agencies and organizations. Attendees included (see [page 15](#) for the full participant list):



- 24 physicians and nurse practitioners
- 8 office managers or MOA's
- 16 employed by Island Health including leadership, MHSU clinicians, PCN providers and hospital staff
- Representatives from the following:
 - K'òmoks First Nation (Health Manager and 2 elders),
 - First Nations Health Authority,
 - Wachiay Friendship Centre,
 - Peer Support Worker (The Village Clinic),
 - Mind-Space, BounceBack and CV Hospice Society
- 7 staff from the Division and ISU

Note: The MHSU Care Pathways working group consisted of the following members: Dr Ed. Howard, Dr. Barbara Froehner, Jennifer Block (Manager, Community MHSU Services), Jolene Turney (MHSU Consultant, PCN), Kris Johnson (Division of Family Practice)

Presentations

Dr. Ed Howard was the event host, and the evening began with a welcome from Indigenous elder Donna Mitchell. Following the welcome, introductions and dinner, the micro presentations were delivered by the following organizations and presenters:



- Island Health MHSU Services: Jennifer Block
- Nursing Centre Primary Care Services: Evan Humphries
- Mindspace: Dr. Sameen Ahmed
- CV Hospice Society: Christine Colbert
- Bounceback: Kris Johnson on behalf of Marriane Collins
- Pathways Overview: Kris Johnson

“The micro presentations were concise, informative for a wide mix of experiences/professions in the audience”
(Event participant)

The presenters focused on sharing information about what programs and services exist, who they are for, and how to access them. In addition to the presentations, there was a resource table with pamphlets, information and brochures for a variety of MHSU programs and supports available within the Comox Valley. See [page 9](#) for more detailed presentation

summaries. A document was created to summarize the information as a resource to participants and clinics (see [page 17](#)).

PACC Mapping

The full PACC mapping session summary provided by the Innovative Support Unit (ISU) can be accessed [here](#). The following summary has been generated from the ISU report.

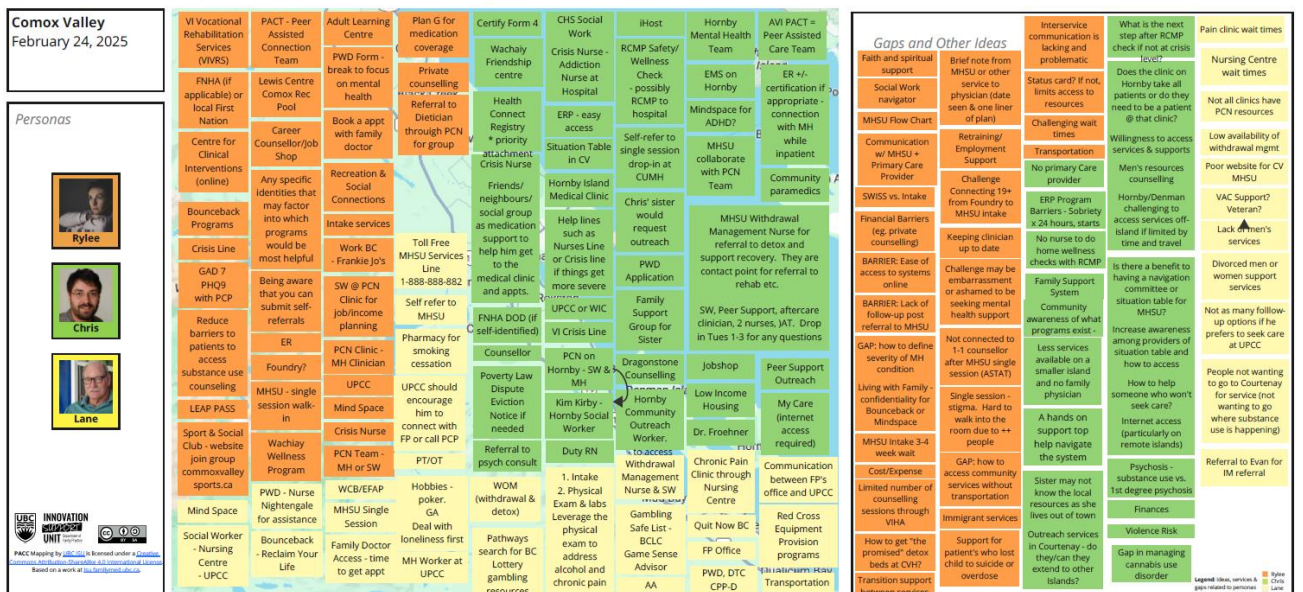
The PACC Mapping exercise creates and accelerates strategies to support service planning and improve healthcare services in a local context. To achieve this, the ISU developed 3 personas (simulated cases) used in the session. The personas highlight challenges and gaps in services, care coordination and/or communication to spur collaborative discussion for improvements or change.

The ISU based these personas on gaps identified by the community liaison in consultation with primary care and MHSU providers, and the members of the MHSU Care Pathways Working Group representative of local issues. The participants worked in 8 groups to develop 8 paper PACC Maps by identifying and discussing services, supports and options for the representative personas. Participants were encouraged to explore the personas in relation to existing services and other new or developing quality improvement ideas.

“The mapping was a superb exercise that I would like to experience again!”
(Event participant)

The image below is a compilation of all 8 maps into a single document. Click [here](#) to open the map to zoom for better viewing.

Figure 1. Comox Valley MHSU Combined PACC Map



PACC MAPPING OUTCOMES



Key Areas & Suggested Actions

The following themes came up through the discussion as key areas for community-led improvements to support MHSU services and care pathways in the Comox Valley as provided by the ISU.

- **1. Increase communications and (care) coordination between services**

Consistent with previous work in the Comox Valley, communication and coordination emerged as a key theme throughout the evening. Participants acknowledged that inter-service and inter-provider communication remains a challenge, which creates gaps in patient care and case management. To enhance continuity of care, there is a need for coordinated, collaborative care and enhanced communication methods between providers as patients transition between care services (e.g. primary care, SSWIS, MHSU intake, etc.) and as care needs escalate. Opportunities also exist to raise community awareness of available resources and further support patients accessing services, particularly from rural areas.

- **Specific Action:** Develop a communication template or protocol to use between services and providers. For example, one group suggested a brief note from MHSU or other services to physician/NP with one line, sent through the EMR with simple details e.g. 'date seen and care plan established'. This would help to facilitate care coordination.
- **Specific Action:** Increase awareness of existing pathway for severe mental health concerns (e.g. Comox Valley [Situation Table](#)). The Comox Valley Situation Table may be appropriate when coordinated community response is needed but more clarity is needed on how this table works in the Comox Valley and how cases are referred to this table from Primary Care/MHSU.
 - **Supporting Action:** Build off the success of the situation table model and create an MHSU-specific primary care situation table or navigation committee to help foster collaborative support for more complex MHSU care needs requiring multiple services or resources.
- **Specific Action:** For patients who have increasing severity of mental illness, establish regular methods of communication between care providers (e.g. case management calls, regular standing check-in meetings) to update across the care continuum for patients.

- **2. Enhance system navigation and care pathways for MHSU services**

Acknowledging inroads have been made to enhance health system navigation, it remains a challenge for both patients and providers. PACC Mapping participants identified a need for

navigator support at the patient level, and up-to-date resources for providers to ensure they can make effective referrals and care recommendations for patients.

- **Specific Action:** Introduce an MHSU navigator to help patients understand care pathways available to them, including benefits, criteria, accessibility, etc. If one or more navigator roles already exist within local services or organizations, consider how access to the existing navigator(s) could be extended in the community.
- **Specific Action:** Update information for patients on an external facing website and disseminate broadly. For example, use of public-facing [Pathways BC Community Directory](#) resource or [FETCH](#) may be beneficial.
- **Specific Action:** Update or create flow charts of available services and access pathways for family physician offices (e.g., update forms, update service information). A particular need for updated charts differentiating pathways for unattached, PCN attached, or non-PCN attached patients was highlighted.

- **3. Improve accessibility and availability of services**

The following access barriers were highlighted in the PACC session:

- Wait times for services such as MHSU intake, pain clinics and nursing centres,
- Geographic isolation and transportation barriers,
- Lack of equitable access to Primary Care Network (PCN) resources,
- Financial Constraints,
- Social Stigma,
- Family and Social Support,
- Veteran and Immigrant Support,
- Internet and Online Access,
- Website Usability.

Change ideas related to the theme of access:

- **Specific Action:** As a resource [Pathways BC](#) is able to provide information access to current and accurate referral information, including wait times and areas of expertise for specialists and specialty clinics. Pathways also provides access to hundreds of patient and physician resources, a searchable community service directory and a medical care directory. Ensure that physicians use and provide updates to Pathways (or another accessible shared directory like it) to increase transparency around resources and wait times.
- **Specific Action:** Increase understanding of outreach programs on Hornby/Denman for Comox Valley providers and increase outreach capacity in these areas.
- **Specific Action:** Better understand pathway of wellness check by RCMP and healthcare services.
- **Specific Action:** Explore solutions to help rural and remote patients attend appointments e.g., virtual options, transportation resources, etc.

NEXT STEPS

The event concluded with each table sharing their key takeaways from the PACC mapping and needs for the community. The following actions were repeatedly highlighted during this sharing and are recommended as the key *focus areas to move forward:

1. Develop a communication template or protocol to use between services and providers,
2. Introduce an MHSU navigator position.
3. Update information for patients and providers on an external facing website and disseminate broadly (such as Pathways),
4. Update or create flow charts of available services and access pathways for family physician offices.

I think this is an interesting concept; I think the objective needs to be communicated more clearly. I heard people asking, “what now?” So, I think I am not alone.
(Event participant)

*These focus areas more fully detailed in the *Outcomes* section above and the [ISU PACC report](#).

The MHSU working group will present this Care Pathways Event Report to the event participants and Division membership. In addition, the report will be shared and presented to the Collaborative Services Committee, Island Health leadership and the MHSU team.

The working group further suggests the following actions to consider moving forward:

1. Develop a shared understanding of what is currently being done at the regional/taskforce level.
 - a. Is there other work being done to address the Priority Recommendations of the Taskforce?
2. Build upon MHSU Care Pathways Event working group or establish a local working group to further the actions and recommendations of the MHSU event and Taskforce
3. Consider providing ‘MHSU 101’ upskilling training for local FPs/NPs
4. Address the disadvantages of MHSU clinical supports not being available to non PCN clinics

MICRO PRESENTATION SUMMARIES

Island Health MHSU Services: Jennifer Block

Island Health MHSU services are available for moderate to severe patients. Referrals are not required for most of the programs and the first step to access these services is encouraged via SSWIS (in person or via phone) at 941 England Avenue or 250-331-8524.

MHSU Programs & Services Available:

- Intake & Single Session Walk In (SSWIS)
- MHSU Counselling and Groups
- Withdrawal Management & OAT prescribing
- Case Management
 - o ACT (Assertive Community Treatment)
 - o ICMT (Intensive Case Management Team)
 - o ACSS (Adult Community Support Services)
- Outreach from IHOS Primary Care Partnership
- Psychiatry Collaborative Care Clinic (PCCC)

Website:

[Pathways | Adult Mental Health and Substance Use Services - Comox Valley](#)

Nursing Centre Primary Care Services: Evan Humphries

The following services are provided by Island Health and are further summarized in this [pamphlet](#) and [website](#):

- Positive Wellness North Island
- Chronic Disease and Chronic Pain Management Program
- Health Connections Clinic
- North Island Gender Care
- Urgent & Primary Care Clinic

Access Island Health's MHSU & Nursing Centre referral form [here](#).

Mindspace: Dr. Sameen Ahmed

Mind Space offers Cognitive Behavioral Therapy programs to help individuals (17.5 plus) with mild to moderate mental health challenges build skills for wellbeing, manage their mental health, and connect with community in a supportive and safe space. There are a range of 8-week offerings and a referral must be made by a primary care provider or designated clinician. The program is accessed virtually and is MSP funded. Programs include: CBT Skills Foundations, Raising Resilient Kids Parenting, Skills for Success: ADHD Strategies for Adults, CBT Skills for Insomnia, Weaving Wellbeing Together (Indigenous only) plus a series for Level 2 programs as shared on the website.

Access a clinic information poster [here](#).

Referral form [here](#).

Website: mind-space.ca

CV Hospice Society: Christine Colbert

The CV Hospice Society provides Emotional, social, practical, spiritual, grief and bereavement support and care to enhance the quality of life and maintain dignity for those living with or affected by life limiting illness or death. Services, resources and programs are **free** to residents of Comox Valley and include counselling services, volunteer led programs and community conversations.

Website: www.comoxhospice.com

Bounceback: Kris Johnson on behalf of Marriane Collins

BounceBack is a free skill-building program designed to help adults and youth 13+ manage low mood, mild to moderate depression, anxiety, stress or worry. Using CBT skill development, the programs are delivered online, over the phone with a coach, or in an online video series. BounceBack coaching requires a referral by a service provider and the other programs are accessed directly online by the patient. All programs are funded by the Provincial Health Services Authority,

Visit: <https://bouncebackbc.ca/> |

Pathways Overview:

Pathways is a secure online tool to help optimize your office workflow. Clinicians and their teams can access reliable and up-to-date referral details, hundreds of patient and clinician resources, as well as community and health authority services that are categorized and searchable. Pathways has a thorough list of MHSU supports, services and programs available in the Comox Valley.

Visit: <https://pathwaysbc.ca/>

EVENT FEEDBACK

1. Thinking about today's events (micro-presentations, PACC Mapping, networking opportunities), what worked well?

- Good venue & great learning if resources currently available
- Micro presentations followed by mapping
- Diversity of professionals, networking opportunities, information sharing (via PACC mapping)
- I think the interactivity, small groups and engagement
- Loved the collaboration & micro presentations were informative and relevant.
- micro presentations were concise, informative for a wide mix of experiences/professions in the audience
- Case studies. Wasn't enough info in the micro presentations. Also, acronyms
- All 3 well done
- Networking
- Micro reviews of services and PACC mapping
- Breaking down the different services in the micro-presentations. Reviewing scenarios gave everyone the ability to check in on the services that we are aware of and how to apply them to each persona.
- Group interaction
- All of it.
- The mapping was a superb exercise that I would like to experience again!
- I enjoyed the micro-presentations, and PACC Mapping.
- micro presentations were great. Kept your attention for the time necessary.
- PACC Mapping, networking
- The opportunity to share the mappings from each group at the end
- Helpful info
- I think the whole evening was well laid out, I enjoyed the micro-presentations, the PACC mapping was a great idea with the 3 scenarios, and the networking with others I've never met before.
- Micro presentations were a good quick update on resources.

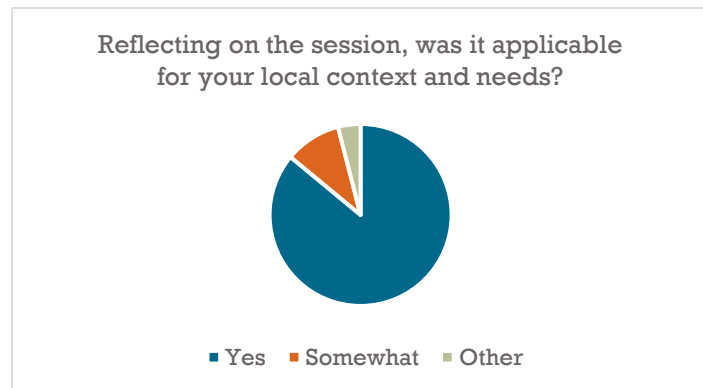
2. What would you suggest we do differently next time?

- More discussion of current resources
- Prioritizing key priorities as a large group. Acuity focus.
- More information on what the pathway of a patient going through MHSU looks like. There was a lot of confusion during PACC mapping as to what happens at SSWIS, intake, etc.
- The task was good. The "key points" were quite vague, if the purpose is a qualitative study, the goal of the key points should be more clearly defined
- I thought it was great
- Would be helpful to know more context about where our findings will be shared
- Overall was good
- Nothing, well done
- Mix the tables up at the beginning to be more interdisciplinary
- Unsure, it was a success!
- There wasn't enough time to reflect on how we better communicate/educate the public on what the Comox Valley has available. Especially to demographics and recognizing that certain demographics need to be communicated to differently.
- Worked well this time

- Put some questions up on a screen that you would like us to discuss to help us to stay focused when doing the mapping.
- It's outside the box, but what happened to the leftover food? I am mindful that we are all working with and brainstorming for individuals who are experiencing multiple challenges including food security. Could we ensure that any food is not wasted and perhaps sent home with participants, or to one of the agencies represented to portion out to clients?
- It might have been an idea, after the PACC mapping, to have the different organisations that were present give feedback as to the likely eligibility of the profiles offered.
- A Q&A would've been great. Perhaps make the PACC Mapping shorter. I left with confusion and questions
- Possible for a daytime event?
- A little more time for the scenario mapping.

3. Reflecting on the session, was it applicable for your local context and needs? Ratings:

- 86% Yes
- 10% Somewhat
- 5% Other (Please explain)
 - Question and answer might be helpful



4. Please describe your most valuable takeaway from today's PACC mapping session?

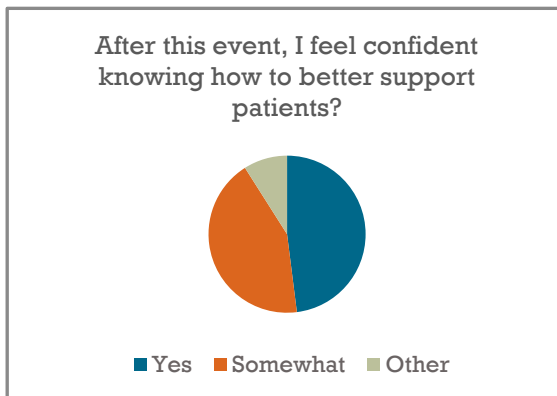
- Need for resource information & more resources is common
- Mind Space
- Learning about resources
- I wasn't sure what we were meant to take away. I know it sounds cocky but I am quite well aware of our gaps on a provincial and local level. I felt this was a feel-good project to make primary care providers feel if they just knew what forms that it will make things better, but truthfully, we have massive deficits. And ultimately, we still "dump" it all on family practice
- GAPS -we all agree on GAPS in care & will hopefully see changes made
- Being able to meet/network with community providers I frequently speak with on the phone
- Learned about a few resources I wasn't aware of
- Navigational aspects
- Understanding local resources
- To consider more options/ off offer choices
- Realizing the extent of offerings available to the people of our community and how deep they run to help so many.
- More information on local resources
- Knowledge on available resources.
- I was grateful the facilitator encouraged staff to mix. This ensured I learned about more resources in the community that I can utilise.
- The number and variety of Mental Health services available in the Valley.
- The printing of the maps was an unnecessary waste. We know where we live. All we needed was scenarios.
- Available services are not accessible to everyone - providers and patients need support navigating services
- Learning about more resources within our community to support our patients

- Strengthen connections, visually seeing the gaps
- For me, it was learning about some of the other services available in the Valley like the Mind Space and Bounce Back.
- Getting updated and thinking about the variety of patients and mental health resources to fit their needs

5. Please rate the session on a scale of 1 to 10 (with 10 being amazing).

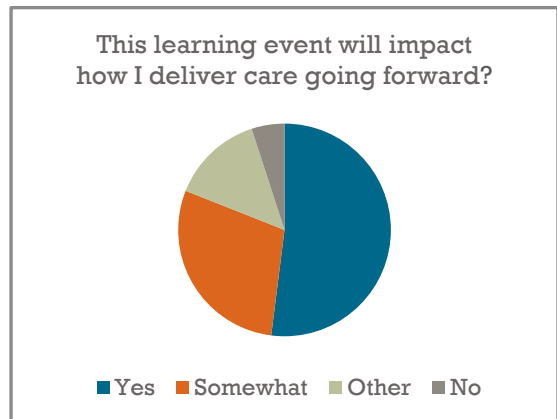
Average rating: **8.05/10**

6.



- 48% Yes
- 43% Somewhat
- 10% Other (Please explain)
- I already knew, but I am in a position where need to
- N/A - We can't refer PTs to other programs

7.



- 52% Yes
- 29% Somewhat
- 5% No
- 14% Other (Please explain)

8. Are you interested in participating in another PACC Mapping session?

- 57% Yes
- 29% Somewhat
- 10% No
- 5% Other (Please explain)
 - Retiring

9. Please share any additional comments about the event or thoughts about improving support for patients with mental health and substance use challenges:

- Great session! Suggestion to have a flow chart on Pathways linked to the updated resources
- More information about MHSU is needed, such as a flowchart of what care providers can expect their patient to experience (as well as what the patient might expect), i.e. "if this, then that", if a patient presents with this, the process might look like this, if a patient presents with that, the process might look like that. It feels like sending them to England Ave is sending them into a black hole and we don't know what will happen, will they see somebody once, will they get ongoing counseling,

will they be referred somewhere, all of the above, etc. Last comment, how can we all collaborate to communicate better? Comments were made about care providers wanting to hear from MHSU when a patient presents themselves, but what does MHSU need from care providers?


- I think this is an interesting concept; I think the objective needs to be communicated more clearly. I heard many asking, “what now?” So, I think I am not alone.
- The micro sessions were lovely and informative, really enjoyed those. But I think people were a bit confused about what we will do with these PACC maps. Will we use them to advocate for more funding? Will they be shared with the MoH to help them target resources? What use will they serve? Or was kind of for the “fun” of people in the room? It was a lovely team-building experience so maybe that is enough. An enjoyable experience all the same, just interested in knowing what practical purpose this served
- This was a good start!
- I would love to see a flow chart of resources, better communication between MHSU and primary care (MRP often doesn't see notes/updates from MHSU)
- It just seems like there aren't enough resources or time. Or there are certain rules or reasons why patients don't qualify for this or that. Wait lists are long.
- This demonstrated the need for health care navigators and updated resource information on Pathways. This must be reliable and trustworthy. Also, MHSU needs to report to providers with useful information about patients so that appropriate referrals are made. We currently get no reports.
- As much as I took away some valuable information, is there a role that Clinic administration/MOA's do to help with the messaging? Websites? Clinic signage? Telephone prompts?
- How do we reach Island Health and the Ministry to streamline funding to continue to support these services at the ground level? There are several Project Management teams in Island Health doing presentations and gathering data and talking about the problems (as we did last night), but where are the outcomes? Where are the ground level solutions that are obvious to the patients in need? The vulnerable. The unattached. The young. The old. The unhoused.
- As noted above, please ensure no food is wasted. I recognize this would be a cost but handing out the PowerPoint slides and brochures in a small bag that could hang on our chairs would be an immense help for different learning styles. The PowerPoint were very rapid, but having the physical copies in advance upon sitting down would increase the engagement for learners like me who may be learning about the resources for the first time.
- THANK YOU!
- A better understanding of the event and/or draft of the agenda sooner would have been helpful.
- A navigator or a flow sheet of where this person can go if they have these issues, the CV has so many sources but can be overwhelming. The CV referral form is easy to navigate.
- Thanks for the great event!
- At our table, we discussed resource sharing, not all organizations know what is available and if there was some kind of directory with ALL available resources in the Valley.

PARTICIPANTS

First Name	Last Name	Role(s)
Eberechi	Adenle	Family Physician
Sameen	Ahmed	Family Physician & Mind-Space Facilitator
Kasandra	Alberti	Nurse MHSU
Genevieve	Allen	Family Physician
Laurel	Anderson	Indigenous Liaison Nurse CV Hospital
Bonnie	Bagdan	Family Physician
Olena	Beattie	Family Physician
Jen	Block	Manager Community MHSU Services
Daniel	Bromley	Registered Social Worker, Health Connections Clinic
Jack	Bryant	Family Physician
Solene	Chang	Nurse Practitioner
Shannon	Caine	MOA
Cindy	Carlyle	Registered Psychiatric Nurse, Intake MHSU
Christine	Colbert	Executive Director, Comox Valley Hospice
Marianne	Collins	Bounceback Program Representative
Tami	Compton	Health Manager - K'òmoks First Nation
Stefany	Denis	MOA
Natalie	Drouillard	Psychiatrist
Justin	Elliott	Family Physician
Kasey	Ewasiuk	MOA
Dustin	Falk	Family Physician
Barabara	Froehner	Family Physician
Debbie	Gibbs	MOA
Eric	Girard	Social Worker PCN
Janet	Green	Family physician
Eva	Hemmerich	Family Physician, The Village Clinic
Teneille	Higgins	Office Manager
Ed	Howard	Family Physician
Evan	Humphreys	Manager, Primary Care, Island Health
Kelsi	Jessamine	MHSU CNE CV Hospital
Kris	Johnson	Division Programs Manager
Patricia	Johnson	Family Physician
Tanille	Johnston	FNHA Manager, Primary Care, Vancouver Island region
Kim	Kirby	PCN Social Worker
Laura	Laframboise	Clinical Coordinator, MHSU
Krista	Maxwell	Nurse Practitioner
Janis	McCallum	Family Physician
Stevee	McDade	MHSU Consultant – UPCC
Janice	McLaughlin	Family Physician

Kelly	Melsness	Aftercare Clinician, Withdrawal Mgt. team, MHSU
Susanna	Millar	Social Work, PCN
Donna	Mitchell	K'òmoks First Nation Elder
Richard		K'òmoks First Nation Elder
Kimberly	Moore	Office Manager
Steven	Noble	Family physician
Rick	Potter-Cogan	Family Physician
Lydia	Powers	Registered Dietitian - PCN
Miranda	Price	MOA
Olena	Pylypchuk	Family Physician, Locum / UPCC
Tara	Richardson	Division Administrative Assistant
Callum	Roth	Peer Support Worker, The Village Clinic
Bailey	Schaff	Primary Care RN, PCN
Bria	Sharkey	Family physician - HCC
Alida	Sklarski	Division Clinic Liaison
Caleb	Burd	Wachiay Friendship Centre
Christine	Tomori	Mind-Space Executive Director
Alfredo	Tura	Family Physician, UPCC
Jolene	Turney	MHSU Consultant
Candice	Tutte	Office Manager
Yana	Vovk	Office Manager
Chris	Winkelaar	Occupational Therapy Coordinator, MHSU

RESOURCE HANDOUT

CARE PATHWAYS SUMMARY  **Comox Valley Division of Family Practice**
An FPSC initiative


Adult MHSU Supports

MHSU Programs & Services
Entry point via **Single Session Walk In Service (SSWIS)** drop in or intake nurse scheduled assessment (self referral accepted)

MHSU Counselling & Groups	Withdrawal Mgt & OAT prescribing	Case Mgt (ACT, ICMT, ACSS)*
Outreach (IHOST Primary Care partnership)	PCCC (Psychiatry Collaborative Care Clinic)	


*ACT = Assertive Community Treatment | ACMT - Intensive Case Mgt Team
ACSS = Adult Community Support Services [Referral Form Link](#)

island health
941C England Ave
250-331-8524



Nursing Centre Primary Care Services
615 Tenth St | 250-331-8502

- Chronic Disease & Chronic Pain Mgt Program
- Positive Wellness North Island
- NI Gender Care Service
- Health Connections Clinic




Urgent & Primary Care Centre has MHSU Consultants (by referral & appt)

MSP-funded mental health programs led by family physicians and psychiatrists to help adults manage mild-to-moderate anxiety, depression, stress, insomnia & ADHD.

mind space
WELLS FOR WELLBEING

CBT Skills Foundations	Skills for Success: ADHD Strategies	By referral for ages 17.5+
CBT Skills for Insomnia	Raising Resilient Kids Parenting	




<https://mind-space.ca>

BounceBack® reclaim your health | BRITISH COLUMBIA
Free virtual CBT skills programs for those with mild to moderate challenges with mental health such as depression, worry, stress and anxiety.

- BounceBack Coaching - (self or referral from health provider) *must have a PCP who retains clinical responsibility of patient
- BounceBack Online - Independent online program
- BounceBack Today Video - online video series


No referral - sign up online www.bouncebackbc.ca



First Nations Health Authority

Mental Health & Substance Use Supports include:

- Mental Health Benefit - up to 22 hours of Counselling supports
- 24 hour a day support, virtual care and multiple crisis lines
- Residential Schools Support Program
- Suicide Prevention & Wellness Supports
- Residential Treatment Centres
- Non-medical cannabis supports & resources
- Overdose Prevention, Harm Reduction & OAT treatment



www.fnha.ca


CARE PATHWAYS SUMMARY

Adult MHSU Supports con't

·FOUNDRY·
WHERE WELLNESS TAKES SHAPE


Offering free and confidential services for young people 12 to 24 years old including drop-in counselling and several services as listed here:

575 10th Street | 250-338-7341 [Brochure Link](#) | [Referral form](#) | www.jhsni.bc.ca




Comox Valley Hospice Society
<https://comoxhospice.com>
250-871-0696

Grief & Caregiver Supports may include: phone support, one-to-one companionship with a compassionate trained volunteer, a specific grief support group, mail outreach program, or limited short term one-to-one grief counselling.



WACHIAI Friendship Centre


Trauma-informed mental health programming, for rural and urban Indigenous communities, that safely address mental health concerns and support mental wellness within community-based, holistic, and integrated services. www.wachiay.org | 778-225-0312



AVI Health and Community Services
where harm reduction works

Crisis Response Team: The Peer Assisted Care Team includes both individuals with lived/living experience, and mental health professionals. Provides de-escalation crisis supports for mental health and substance use challenges for ages 13+.

www.avi.org/location/comox-valley | 250-681-4878




Vancouver Island Crisis Society
Helping People Find Their Way

www.vicrisis.ca
1-888-494-3888
Text: 250-800-3806



Comox Valley Transition Society

Individual Women's Counselling
Men's Group (open drop in)
Crisis Phone & Text and Sexual Assault lines
<https://cvts.ca> | 250-897-0511



The Village Clinic

Medical clinic offering OAT (Suboxone/Sublocade, Methadone, Kadian), peer support, social work and referral to treatment.
Mon- Wed & Fri: 9am - 5pm (closed 12:30-1:30pm)
519E - 5th Street, Courtenay
www.thevillageclinic.ca | 250.331.6333




SERVICE DIRECTORY

Pathways is a secure online tool to help optimize office workflow providing access to:

- referral pathways for clinicians,
- medical care directory,
- community & health authority service directory.

<https://pathwaysbc.ca>



To make suggestions for changes or additions to the handout, or for an electronic or print version of the document, email:
kjohnson@comoxvalleydivision.ca